



GENDER DIFFERENCES IN MANIFESTATION OF BEHAVIOUR PROBLEMS IN CHILDREN

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ABSTRACT

The behaviour problems in children may manifest as disturbance in emotions like anxiety or depression, aggression, physical function, psychogenic disorders, mental performance problems at school. This range of disorders may be caused by a number of factors such as parenting style, which is inconsistent or contradictory, family or marital problems, child abuse or neglect, overindulgence, injury or chronic illness, separation or bereavement. Achenbach & Edelbrock (1983) classifies child behaviour problems into eleven problems in behaviour of the children on which the present study was formulated to investigate the nature and dimensions of behaviour problems in 812 school going children of urban area, between the age range of 5-12 years with a cross sectional research strategy was applied with extensive survey. The data was obtained in the classroom observations with the help of teachers using the Child behaviour checklist a standardized scale by Achenbach, (1983), and was analyzed qualitatively across both the genders (Female & Male). It was evident that age emerged as the primary factor to produce main effect on incidence of internalization behaviour, withdrawn, anxiety, aggression and conduct disorder across the gender. The trend showed that either the children manifest normal behaviour or severely deficient behaviour irrespective of their age in both the gender. Most of the behaviour problems found to be showing more in female compare to male children. However, there was gradual increase in all most all behaviour problems in middle age and there after behaviour disposition of children in older age in both the gender.

KEYWORDS: Behaviour problem, Age, Anxiety/Depression, Aggression, Internalization behaviour, Withdrawn behaviour, Conduct disorder.

INTRODUCTION

A human being learns many things in a well-settled society that provides peace and security. The term security with reference to childhood refers to cordial environment in the family which can only be possible in one condition when mother's health status (Psychological, Social and Somatic) in the family and society is considerably satisfactory. Because mother is the first guru and home is the first school. The Family Affective Dynamics of the given child who has to interact with Socio-psychological impulse and stimulation for shaping his personality with the accomplishment of modest behaviour.

The child's growth and development strictly depend upon the degree of his competence in meeting his bio-psychological needs within the family. The sensory equipments through which the experiences are derived at birth, neither fully developed nor adequate enough for initiating this experience that are necessary to generate complex set of adjustive behaviour.

The child's personality is the product of an inter play between influences in the environment and hereditary. Though, the hereditary information received from parents that signals the body to grow and affects all our characteristics and skills. The complex forces of the physical and social world that children encounter in their homes, neighbor-hood, schools, and communities. Here, the term environment refers to the quality of child – rearing practiced by the parents. That includes child care and method of bringing up of the child through constant positive stimulation and encouragement (smart and smart, 1966).

Child-rearing practices differ from culture to culture and also among different groups within the same culture. They are influenced, among other things by education level, economic conditions, and traditional value systems of the family and caste and sub caste groups. Religion and regional differences have also been found exerting a direct impact on child rearing pattern which further influence the child behaviour.

The behaviour problems in children may manifest as disturbance in emotions – eg., anxiety or depression behaviour – eg., aggression, physical function – eg., psychogenic disorders, mental performance – eg., problems at school. This range of disorders may be caused by a number of factors such as parenting style, which is inconsistent or contradictory, family or marital problems, child abuse or neglect, overindulgence, injury or chronic illness, separation or bereavement.

The child's problems are often multi-factorial and the way in which they are expressed may be influenced by a range of factors - including developmental stage, temperament, coping and adaptive abilities of family, and the nature and the duration of stress.

Historically, diagnostic categories have evolved out of the observations of clinicians working with disordered individuals on a day-to-day basis where the imme-

diate requirements have seldom permitted systematic investigation. Achenbach & Edelbrock (1983) classifies child behaviour problems into eleven problems in behaviour of the children as (discussed below). Internalization, Externalization, Withdrawn, Somatic complaints, Anxiety / Depressed Behaviour, Social Problems, Thought Problem, Attention problem, Aggressive / Delinquent behavior, Conduct Disorder and Maladjustment on which the present study has been formulated to investigate the nature and dimension of the behaviour problems across gender.

METHODOLOGY

An extensive review of literature revealed that whatever research have been carried out in this field had been centered around macro-level determinants of behaviour problems, their impact of intellectual developments : and therefore, it can be concluded that more empirical research is required in order to understand the major micro-level determinants and other behavioural consequences in children. Since behaviour is the attribute of individual subject, and; therefore, exist naturally in both the genders and through Child Behaviour Checklist various types of behaviour problems and its levels were also measured. In the present piece of work an extensive survey was made to study the behavior problems in children (5-12 years) in relation to gender.

Research Design

Achenbach & Edelbrock (1983) classifies child behaviour problems into eleven problems in behaviour of the children on which the present study was formulated. To investigate the nature and dimensions of behaviour problems in children between the age ranges of 5-12 years with a cross sectional research strategy was applied with extensive survey.

Sample

The present study was conducted on the large sample of 812 children (5-12 years) and their parents (specifically mothers). The stratified random sampling procedure was followed. The children of both gender were selected from different schools situated in Yelahanka.

Tool Used:

The present study confined to assess the behaviour problems in children across gender. Hence, in the present study Achenbach's 1986 child behaviour checklist with 4 point scale, a standardized tool was used to assess the manifestation of Behaviour Problems in children across genders. The term behaviour refers to manifestation of Internalization, Externalization, Withdrawn behaviour, Somatic Complaints, Anxiety/Depressed, Social problems, Thought problems, Attention problems, Aggressive/Delinquent Behaviour, Conduct disorders and maladjustment with peer group in everyday life. Further the researcher tested the communicability, utility, validity of this questionnaire among the pilot group.

Procedure

In the present study an extensive survey of 812 families was carried out on a represented sample in three age groups as follows: A1: 60-90months, (5-7yrs), A2:91-115months (7-9 yrs), A3:116-146months (9-12yrs), gender in the research design. The samples were drawn from schools at Yelahanka, North Bangalore city. The children (5-12 years) were observed in the classroom situation with the help of the teachers using child behaviour check list. Once the extensive survey was completed the obtained data was analyzed qualitatively for further classification.

PLAN OF DATA ANALYSIS

The obtained data was analyzed qualitatively and treated to variety of statistical techniques such as Frequency distribution, Percentile Norms and Mean, Standard deviation.

RESULTS

In Indian social system male children are given more importance due to certain rituals performed by males only. In other words preference for male child has become a socio-cultural reality even in modern India. Needless to say, the parents take a sort of lenient view towards the problematic behaviour manifested by the male children; but in case of female child parents become over protective and strict hence gender was taken into consideration in the present study.

A glance of Mean and standard deviation of behaviour problems in relation to gender, Table - 1 revealed variations in manifest behaviour such as externalization behaviour problem ($M=51.11 \pm 6.91$) which was more among the girls than boys. Anxiety ($M=45.40 \pm 4.36$) was found more among boys than girls. As far as social problem ($M=22.35 \pm 3.29$), aggressive/delinquent behavior ($M=43.25 \pm 5.84$) conduct disorder ($M=39.04 \pm 5.03$) the female children were found to be manifesting more behavioural disorder than the boys. However, traditionally it was assumed that males are highly prone to exhibit, aggression, conduct related disorder and social problems. After analysing the direction, magnitude and trend of manifest behaviour problems, an attempt was made to investigate the gender difference prevailing in manifestation of various behaviour problems across the gender.

Table - 1: Mean & standard deviation of behaviour problems in relation to gender (N=812)

Sl. No.	Components	Female	Male
1	Internalization	43.86 ± 5.84	43.12 ± 4.68
2	Externalization	51.11 ± 6.91	49.23 ± 4.87
3	Withdrawn	33.60 ± 4.20	33.29 ± 8.60
4	Somatic complaints	21.69 ± 2.15	21.86 ± 2.42
5	Anxiety / Depressed	44.70 ± 4.52	45.40 ± 4.36
6	Social problem	22.35 ± 3.29	21.42 ± 2.15
7	Thought problem	27.58 ± 3.44	27.02 ± 3.20
8	Attention problem	17.57 ± 2.86	17.49 ± 2.74
9	Aggressive/Delinquent	43.25 ± 5.84	41.43 ± 4.00
10	Conduct disorder	39.04 ± 5.03	37.76 ± 3.88
11	Maladjustment	22.01 ± 2.78	21.88 ± 2.48
12	Total Behaviour Problem	211.40 ± 20.75	207.88 ± 15.06

Table - 2 contains the level of internalization behaviour problem in relation to the gender of children. Whether the level of behaviour problem is normal or severely deficient, female were found to be prominent over the male. However, deficient behaviour was found to be more among the males. The incidence of severely deficient internalization behavior problem was more among the male as compared to their female counter part.

Table - 2: Level of Internalization Behaviour Problem in relation to gender of children (N=812)

Sl. No.	Level of behaviour problem	Gender	
		Female	Male
1	Normal	198 (52.51%)	195 (44.82%)
2	Deficient	57 (15.11%)	72 (16.55%)
3	Severely deficient	122 (32.36%)	168 (38.62%)

Table - 3 contained the level of somatic complaints prevailing in children. By and large 30% of the children had severely deficient somatic complaints. However, female children had less somatic complaints as compared to males. Over pampering of male children happens to be the major cause of somatic complaints.

Table - 3: Level of Somatic Complaints in relation to gender of children (N=812)

Sl. No.	Level of behaviour problem	Gender	
		Female	Male
1	Normal	117 (31.03%)	134 (30.80%)
2	Deficient	120 (31.83%)	158 (36.32%)
3	Severely deficient	140 (37.13%)	143 (32.87%)

Anxiety/depression as a major component of behavior problems Table - 4 it was found that prevalence of normal anxiety was more among males and severely deficient anxiety was more among females. There was no gender difference found in deficient anxiety/depression behavior problem.

Table - 4: Level of Anxiety / Depression behaviour problem in relation to gender of children (N=812)

Sl. No.	Level of behaviour problem	Gender	
		Female	Male
1	Normal	170 (45.09%)	222 (51.03%)
2	Deficient	61 (16.18%)	77 (17.70%)
3	Severely deficient	146 (38.72%)	136 (31.26%)

Attention problem and aggression are two sides of the same coin, which can be termed as a hyperactive and quarrelsome child (Table - 5 & 6). A close perusal indicated that severely deficient, attention problem and aggression behaviour was significantly very high among the male as compared to female children. But, the gender difference was insignificant in case of normal attention problem & aggression trend is concerned.

Table - 5: Level of Attention Problem in relation to gender of children (N=812)

Sl. No.	Level of behaviour problem	Gender	
		Female	Male
1	Normal	199 (52.79%)	182 (41.84%)
2	Deficient	79 (20.95%)	85 (19.54%)
3	Severely deficient	99 (26.26%)	168 (38.62%)

Table - 6: Level of Aggressive / delinquent behaviour problem in relation to gender of children (N=812)

Sl. No.	Level of behaviour problem	Gender	
		Female	Male
1	Normal	199 (52.79%)	182 (41.84%)
2	Deficient	79 (20.95%)	85 (19.54%)
3	Severely deficient	99 (26.26%)	168 (38.62%)

DISCUSSION

The variation in manifested behaviour problem due to gender can be attributed to preferences for male child which is the socio-cultural reality in Indian society (Vidya, Rathna, Tripathi, 2014). The variation in manifest of severely deficient problem in both the genders is the result of permissive parenting and repeated exposure through electronic media. The young children imitate the behaviour of older where as older children manifest the behaviour problem due to adventurous psyche (Cathy, Ann, Kaiser, 2003).

In recent studies on prevalence of behaviour problem in children indicated that due to parental pressure and syllabus overload, at school children acquired behaviour disorders (American Psychiatric Association, 1994, Sanson, et.al., 2006, Vidya and Tripathi, 2008). The similar trend was confirmed by studies. The most striking feature that emerged was most of the children (Male & Female - 55%+) manifested various behaviour problems ranging from deficient to severely deficient. The trend of increase in both the genders (middle age) may be attributed to parental expectation from their children with regard to academic per-

formance which was the cause of gradual increase in the middle age. In both the genders (younger age) parents and teachers take the behaviour disposition of the children bit casually (Brendel, Maynard 2014; McWayne, Cheung 2009; Stormont, 2002). But the moment children crosses 7 years plus the scholastic expectations increases vertically and might have caused the gradual increasing trend for behaviour manifestation; the decrease in behaviour problem at older age in both the genders can be attributed to the adaptation process and healthy coping with scholastic demand as well as parental expectations with regard to academic achievements (Campbell, Shaw, Gilliom, 2000; Egger, Costello, Erkanli, Angold, 1999; Kessler, Soukup, Davis, Foster, Wilkey, Van, Eisenberg, 2001).

The obtained results indicated that, female children are manifesting more behaviour problem as compared to males. This can be attributed to change in socio-cultural beliefs that, only male children can carry forward the name and fame of the family. As a matter of fact the perception of teachers got influenced due to such paradigm shift in the attitude of Indian parents. It is quite possible that Indian parents prefer to have only one child irrespective of gender of their child. As a result pampered parenting might have caused the magnitude of problematic behaviour manifested by girl child.

High incidence of severely deficient internalization among (Achenbach & Edelbrock, 1983; Stephen, 1992; Useche, Sullivan, Welmoet, Orobio, Bram, 2014), the male can be attributed to pampering attitude of parents towards the male child, on the contrary highest number of females had normal level of internalization due to fear of being criticized by family members in front of others as a result they try to internalize their feeling and it could have been perceived as a normal. As a matter of fact externalization refers to channelized expression of thoughts and feelings. It's deficiency in males could be attributed to quality of mother child interaction adversely influenced by inadequate physical health or family pathology. (Liu, Raine, Venables and Mednick, 2004, Malone, Stevens, Dodge, Bates, Pettit, 2006). Over pampering of male children happens to be the major cause of somatic complaints. (Katz, Gottman, 1989; Masi, Favilla, Millepiedi, Mucci, 2000; Livingston, Taylor, Crawford, 1988).

Anxiety (Widdowson, 1985; Tripathi, 1992) was considered as a major behaviour problem and was high. Severely deficient anxiety disorder indicates once again the result of excessive pressure for academic performance for parents as well as scholastic demands. 33% of children were found to be having severely deficient anxiety disorder.

Usually Indian parents ignore the aggressive behaviour and lack of attention in male children very lightly as a result, in due course of physical development the adaptive behaviour skills gets aberration and male children become more aggressive and less attentive. This happens due to careless attitude of parents and lack of cordiality in the process of family child interaction (Banerjee, Middleton, Faraone, 2007; Coie & Dodge, 1998; Harvey, et.al., 2009).

Theoretically conduct of human being is driven and determined by environmental exposure etiquette and values practiced in the family where the child is placed in. On account of mad race to acquire all the materialist comforts, parents waste their quality time which should be invested in qualitative child care practices which would have manifested normal conduct in children, (John, Frank, Ernest, Renee, 2000).

CONCLUSION

- Male children manifested more anxiety problems than female aggressive behaviour, conduct disorder and social problem was more among the female children as compared to their counterpart.
- Female children manifested normal internalization more and about 39% of male children manifest severely deficient.
- Male children exhibited high incidence of severely deficient level of externalization behaviour.
- About 30% of the children expressed withdrawn behaviour.
- Female children exhibited more somatic complaints.
- About 35% of children had social problem.
- More number of male children had severely deficient thought problem.
- Male children manifest severely deficient attention and aggression problems as compared to females.
- Male children manifested conduct disorder significantly more than female.
- Female children were found to be maladjusted as compared to males.

REFERENCES

1. Achenbach T. M. & Edelbrock C. S. (1983), Manual for the Child Behavior Profile and Child Behavior Checklist. Burlington, VT, Queen city Printer.
2. American Psychiatric Association, (1994), Diagnostic and statistical manual of mental disorders. Fourth Edition, Washington, DC.
3. Banerjee T.D, Middleton F, Faraone S V. (2007), Environmental risk factors for attention-deficit hyperactivity disorder. Department of Neuroscience and Physiology. SUNY Upstate Medical University, Syracuse, New York 13210, USA. Acta Paediatrica, Vol.96(9), Pp. 1269-74.1.
4. Brendel, Kristen Esposito; Maynard, Brandy R., (2014), Child-Parent Interventions for Childhood Anxiety Disorders: A Systematic Review and Meta-Analysis, Research on Social Work Practice, Vol.24 No.3 p287-295.
5. Campbell SB, Shaw DS, Gilliom M. (2000), Early externalizing behavior problems: toddlers and preschoolers at risk for later maladjustment. Dev Psychopathol. 2000;12(3):467-488.
6. Cathy Huaqing Qi, Ann P. Kaiser, (2003), Behavior Problems of Preschool Children From Low-Income Families, Early Childhood Special Education, Vol. 23 no. 4, pp.188-216.
7. Coie J. & Dodge K. (1998), Aggression and antisocial behavior, In W. Damon (Series Ed.) & N. Eisenberg (Vol. Ed.), Handbook of child psychology: Social, emotional and personality development (5th ed.), New York: Wiley, Vol.2, Pp. 779-862.
8. Harvey E. A., Youngwirth S. D., Thakar D. A. and Errazuriz P. (2009). A. Predicting Attention-Deficit/Hyperactivity Disorder and Oppositional Defiant Disorder From Preschool Diagnostic Assessments. Journal of Consulting and Clinical Psychology Volume 77, Issue 2, Pages 349-354.
9. Helen Link Egger, E. Jane Costello, Alaattin Erkanli, Adrian Angold, (1999), Somatic Complaints and Psychopathology in Children and Adolescents: Stomach Aches, Musculoskeletal Pains, and Headaches, Journal of the American Academy of Child & Adolescent Psychiatry, Volume 38, Issue 7, Pages 852-860.
10. Hinshaw P. Stephen, (1992), Externalizing behavior problems and academic underachievement in childhood and adolescence: Causal relationships and underlying mechanisms. The American Psychological Association, Inc. Psychological Bulletin Vol. 111(1), Pp. 127-155.
11. Jianghong Liu, Adrian Raine, Peter H. Venables, and Sarnoff A. Mednick, (2004), Malnutrition at Age 3 Years and Externalizing Behavior Problems at Ages 8, 11, and 17 Years, American Journal of Psychiatry, Vol.161(11), pp. 2005-2013.
12. John H. Grych, Frank D. Fincham, Ernest N. Jouriles, Renee McDonald, (2000), Inter-parental conflict and child adjustment: Testing the mediational role of appraisals in the cognitive-contextual framework, Child Development, Vol.71(6), Pp.1648 – 1661.
13. Kessler RC, Soukup J, Davis RB, Foster DF, Wilkey SA, Van Rompay MI, Eisenberg DM. (2001), The use of complementary and alternative therapies to treat anxiety and depression in the United States. Department of Health Care Policy and the Center for Alternative Medicine Research and Education, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA 02115, USA. American Journal Psychiatry, 158(2), 289-94.
14. Katz F. Lynn, Gottman M. John, (1993), Patterns of marital conflict Predict children's Internalizing and Externalizing behaviours. Developmental Psychology, Vol.29(6), Pp. 940-950.
15. Livingston Richard, Taylor J. Lynn, Crawford S. Luke, (1988), A study of somatic complaints and psychiatric diagnosis in children, Journal of American Academy Child Adolescent Psychiatry, Vol. 27(2), Pp.185–187.
16. Masi G, Favilla L, Millepiedi S, Mucci M.(2000), Somatic symptoms in children and adolescents referred for emotional and behavioral disorders. Psychiatry, Vol. 63, Pp.140–149.
17. McWayne,C., Cheung K. (2009), A picture of strength: Preschool competencies mediate the effects of early behavior problems on later academic and social adjustment for Head Start children . Journal of Applied Developmental Psychology, Volume 30, Issue 3, Pages 273-285.
18. Melissa Stormont, (2002), Externalizing behavior problems in young children: Contributing factors and early intervention, Psychology in the Schools, Volume 39, Issue 2, pages 127–138.
19. Sanson Ann, Oberklaid Frank, Pedlow Robert and Prior Margot, (2006), Risk Indicators: Assessment of Infancy Predictors of Pre-School Behavioural Maladjustment. Journal of Child Psychology and Psychiatry, Vol. 32(4), Pp. 609–626.
20. Smart & Smart (1966), Child rearing tasks and problems of mothers and fathers, Child Development, Vol. 37, Pp. 887-907.
21. Tripathi.S.K, (1992). Socio-Cultural correlates of malnutrition in early childhood and its behavioural consequences, unpublished paper, National institute of public co-operation and Child development, SRC,Bangalore.
22. Useche, Ana Carolina; Sullivan, Amanda L.; Merk, Welmoet; Orobio de Castro, Bram, (2014), Relationships of Aggression Subtypes and Peer Status among Aggressive Boys in General Education and Emotional/Behavioral Disorder (EBD) Classrooms. Exceptionality, Vol.22(2), Pp. 111-128.
23. Vidya.C. & Tripathi.S.K, (1998), Behaviour problems in childhood is correlated and consequences a paper presented in international APSSAM Conference, Yogyakarta, Indonesia, December 7-11,131.
24. Vidya- C &.Tripathi. S.K, (2001), Family and mental health: perspectives of prevention and management in 21st Century, Social Science internatuional, Intel disciplinary readings,ISSN. 0970-1087 Vol.17 (1) pp. 25 – 35.
25. Vidya, C and Tripathi S.K,(2008), The Socio-cultural Correlates Of Behaviour Problems In Children, Anger in children, (H.L. Kaila, Ed), MD Publications Pvt. Ltd. Pp.155-172.
26. Vidya, Rathna and Tripathi, (2014), Behaviour consequences of Malnutrition in Early Childhood.Vivechan International Journal of Research, Vol.5, Issue.1,Pp.29-34.
27. Widdowson. E.M, (1985), Responses to deficits of dietary energy, in nutritional adaptation in Man, ed: K. Blaxter and J.C. Waterlow, London: John Libby, Pp.97-104.